

Personalized Kidney Dosimetry for Y-90 DOTATOC Radionuclide Therapy

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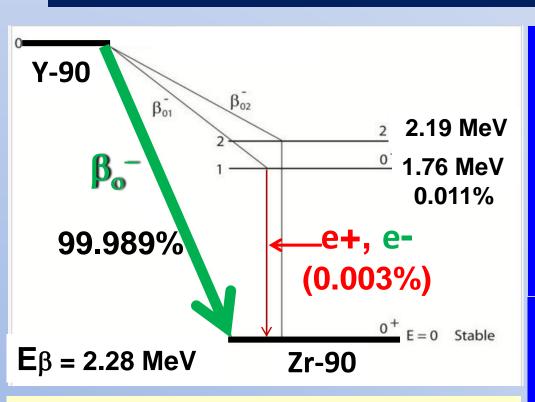
Disclosures & Acknowledgements

- No Financial Disclosures
- 68Ga DOTATOC & 90Y DOTATOC are investigational agents. Studies presented here are performed under a physician sponsored investigational new drug (IND) approval.
- This project was funded by NIH 5 R01 CA167632 (M. Sue O'Dorisio & Y Menda, Pls)

Introduction

- At the University of Iowa, the Image Guided Diagnosis and Therapy of Neuroendocrine Tumors project uses ⁶⁸Ga DOTATOC to determine the eligibility of subjects to receive 3 therapeutic cycles of ⁹⁰Y DOTATOC.
- The kidneys are the critical organ and limit the amount of ⁹⁰Y DOTATOC that can be safely administered.
- Sequential bremsstrahlung SPECT/CT at 5, 24, 48 & 72 hours determines kinetics while PET/CT imaging at 5 hours determines absolute kidney activity.

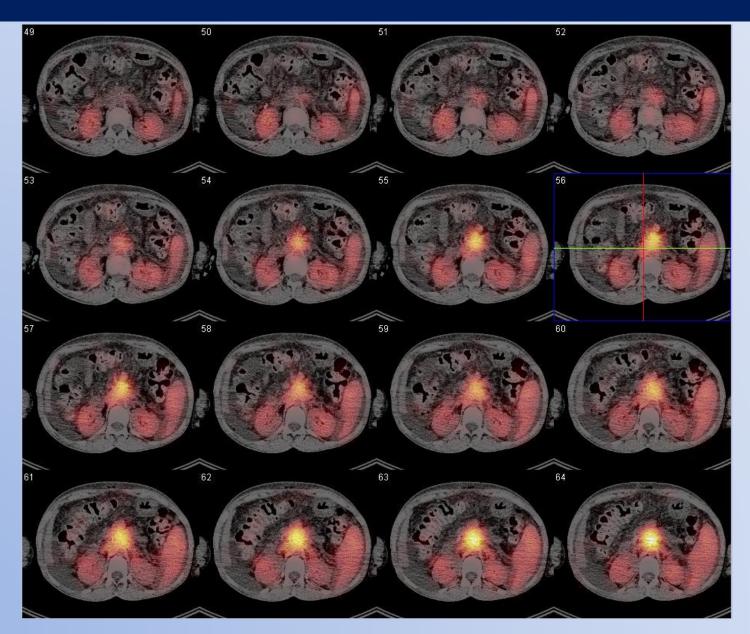
Y-90 Decay: β^{-} & pair production



Assaying and PET Imaging of Ytrrium-90: 1>>34ppm>0 RJ Nickles, et al. IEEE MIC, 2004

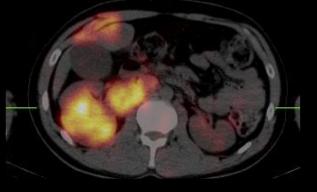
- 64 hour life
- Emits 2.28 MeV beta minus (mean energy: 0.934 MeV)
- Bremsstrahlung interactions with tissue produce sufficient x-rays for SPECT imaging.
- Also has a pair production branch that results in a positron ~ 30/1,000,000 decays.

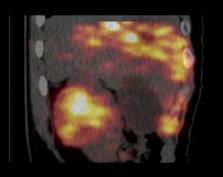
Y-90 DOTATOC PET/CT Kidney Imaging

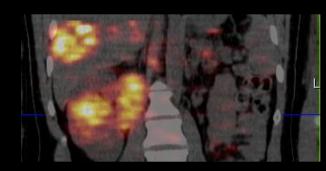


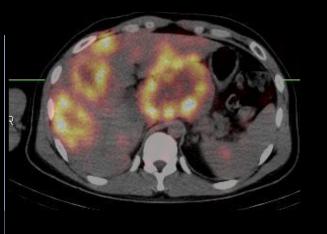
Y-90 DOTATOC PET/CT Tumor Imaging

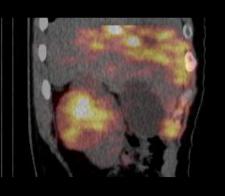
Y-90 uptake in tumors is easily seen on PET/CT







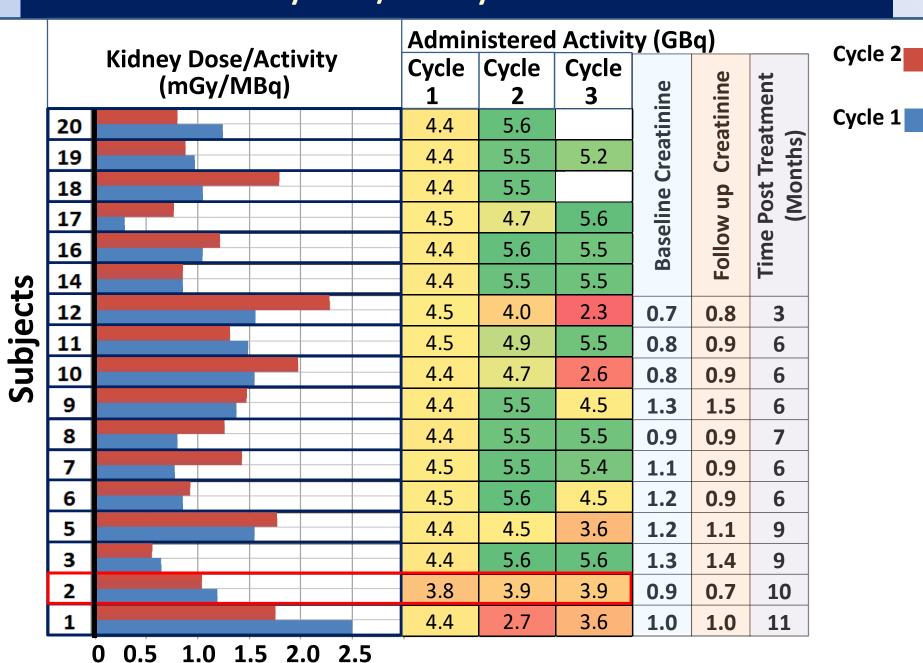






METHODS TOF PET/CT 90Y DOTATOC & amino acid infusion Cycle 1: 4.4 GBq Cycle 2:<5.6 GBq*(6 weeks) ⁶⁸Ga DOTATOC 30 minute TOF PET scan; Cycle 3:<5.6 GBq*(12 weeks) eligibility scan **PET kidney activity calibrates** *Activity modified by kidney **SPECT** clearance data. dose determined from previous treatments to keep below 23 G **Bremsstrahlung SPECT/CT** rsonalized dosimetry data **Activity** 48 h 24 h t = 24 ht = 5 hKidney 72 h **Time Post Administration (h)** t = 48 h

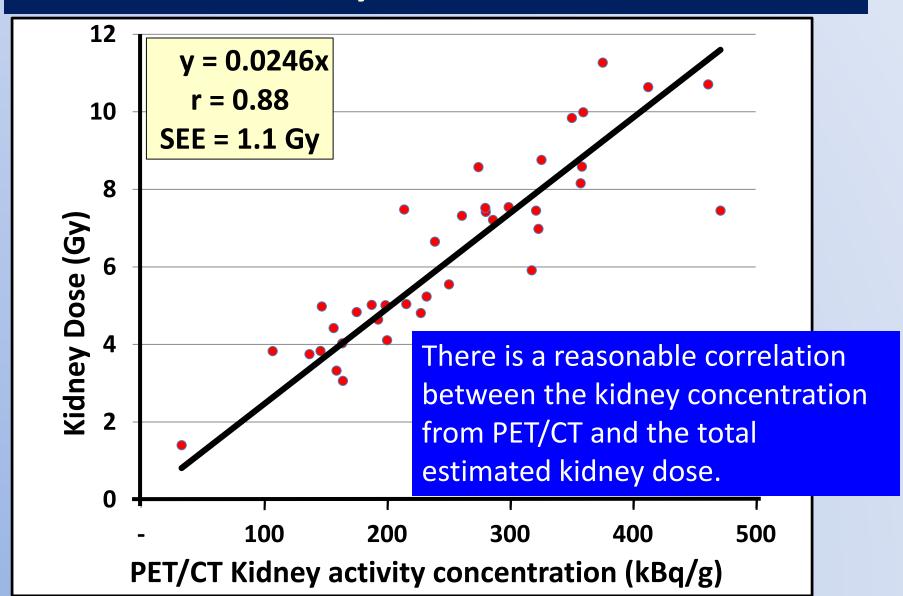
Results: Kidney Dose/Activity & Treatment Modifications



Simplified Dose Estimate?

- SPECT/CT imaging sessions over 72 hours puts a burden on both patients and nuclear medicine clinic.
- We observed that the slow component clearance (~ 35 hour half time) was fairly consistent among subjects.
- Could a single measurement be sufficiently predictive for estimating tumor dose?

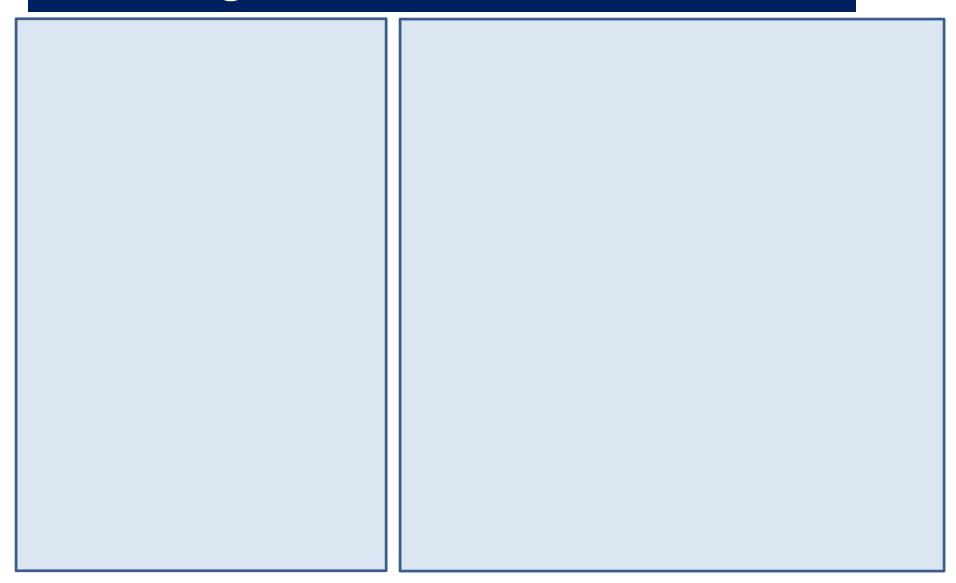
Kidney Dose Estimated From PET/CT Renal Activity Concentration



Single Time Point Dose Estimate

- Exponential clearance (mono- or biexponential clearance).
- Mean clearance rate is known and the sd is on the order of 25%.
- Optimal sampling time is at τ_{eff} (effective mean life).
- Variations in the actual rate constants of up to 50% result in dose estimates with 10% accuracy.

Single Time Point Derivation

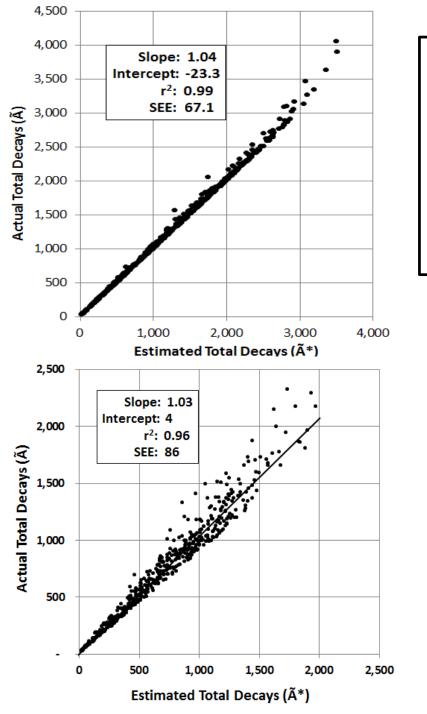


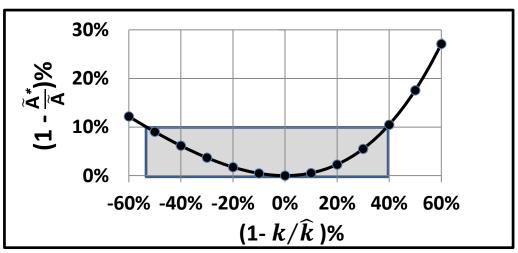
Estimated Parameters For Y-90 DOTATOC

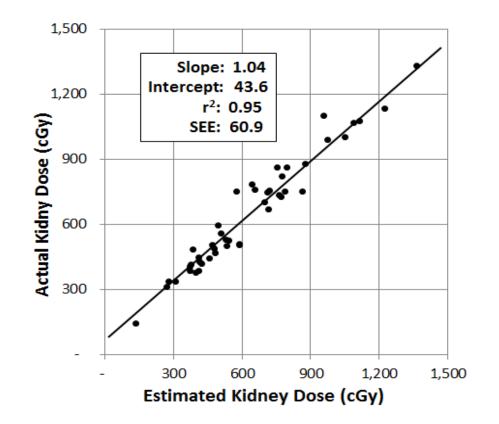
• \hat{k}_2 : 0.02/h

• \hat{c} : 1.1 (ratio of A_1 and A_2)

• \hat{a} : 12.1 (ratio of k_1 and k_2)







Summary & Conclusions

- There is sufficient ⁹⁰Y signal to quantify kidney uptake with PET/CT and this can be used to calibrate clearance curves for the calculation of kidney absorbed dose for multi-cycle treatment protocols.
- Kidney dose assessment is likely required for each cycle since treatment related changes to the distribution of activity may occur.
- A single ⁹⁰Y DOTATOC PET study may be sufficient to estimate kidney dose with enough accuracy to determine treatment administrations.
- The method for estimating kidney dose can be applied to estimate the dose to tumor or other tissues in the PET field of view.

Another Rejection



Thursday, 31-MAR-2016

Dear Dr. Mark Madsen:

On behalf of the SNMMI, we thank you for submitting your abstract, as referenced below, for presentation to the SNMMI 2016 Annual Meeting in San Diego, CA, June 11-15.

Abstract Control #582

Abstract Title: Personalized kidney dosimetry for Y-90 DOTATOC radionuclide therapy

However, we regret to inform you that this abstract was not accepted for presentation this year. We wish to encourage you to continue submitting abstracts to the SNMMI Scientific Program for consideration in future years. We also hope you can still join us in San Diego! Registration info can be found here: http://www.snmmi.org/AM/Registration/Content.aspx?ItemNumber=12340& navItemNumber=12341&navItemNumber=12198

For question or comments, please contact the SNMMI Senior Program Manager, Delicia Hurdle at dhurdle@snmmi.org.

Sincerely,

Satoshi Minoshima, MD, PhD Chair, SNMMI Scientific Program Committee

Results

	Cycle 1	Cycle 2	Cycle 3
Subjects	21	17	15
Results Averaged Over All Subjects & Cycles			
		Mean	sd
Administered Activity (GBq)		4.7	0.63
Kidney Activity (MBq)		105.8	42
%Kidney Activity		2.3%	0.88%
Kidney Mass (g)		415.3	82
Kidney Dose (Gy) per Cycle		6.4	2.39
Kidney Dose/Activity (mGy/MBq)		1.4	0.54

Results: Kidney Dose May Change with Treatment

Treatment effects can alter the distribution enough to change the dose delivered to the kidneys and other tissues.

Cycle 1
Kidney Dose:
1.13 mGy/MBq

Cycle 2
Kidney Dose:
1.93 mGy/MBq

